9/29/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: 22. TITLE: Associate Regional Administrator Cheryl A. Harris

Division of Medicaid and Children's Health 23. REMARKS:

SEP 2 9 2003 DMCH - MI/MN/W/

Revision:

HCFA-PM-91-4 (BPD)

OMB No.: 0938-

Page 1

LIST OF ATTACHMENTS

No.	Title of Attachments				
*1.1-A	Attorney General's Certification				
*1.1-B	Waivers under the Int	tergovernmental Cooperation Act			
1.2-A	Organization and Fun	action of State Agency			
1.2-B	Organization and Fun	action of Medical Assistance Unit			
1.2-C	Professional Medical	and Supporting Staff			
1.2-D	Description of Staff N	Making Eligibility Determination			
*2.2-A	Groups Covered and	Agencies Responsible for Eligibility Determinations			
	* Supplement 1 -	Reasonable Classifications of Individuals under			
* Supplement 2 - * Supplement 3 - * Supplement 3 - * Supplement 3 - * Certain Disabled Children at Home					
*2.6-A	A Eligibility Conditions and Requirements (States only)				
	* Supplement 1 -	Income Eligibility Levels – Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries			
	* Supplement 2 -	Resource Levels – Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and other Optional Groups			
	* Supplement 3 -	Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid			
	* Supplement 4 -	Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program			
	* Supplement 5 -	Section 1902(f) Methodologies for Treatment of Resources that Differ from those of the SSI Program			
	* Supplement 5a -	Methodologies for Treatment of Resources for Individuals with Incomes Up to a Percentage of the Federal Poverty Level			
	* Supplement 6 -	Standards for Optional State Supplementary Payments			
	* Supplement 7 -	Income Levels for 1902(f) States - Categorically Needy Who Are Covered Under Requirements More Restrictive Than SSI			
	* Supplement 8 -	Resouce Standards for 1902(f) States - Categorically Needy			
*Forms	Provided				

*Forms Provided

TN # <u>03-008</u>		
Supersedes	Approval Date	Effective Date <u>07/01/03</u>
TNI # 05 024		

D	TT/
Revision:	H

HCFA-AT-80-38 (BPP)

May 22, 1980

	State:		Wisconsin
Citation 42 CFR		1.4	State Medical Care Advisory Committee
431.12(b)			There is an advisory committee to the Medicaid
AT-78-90			agency director on health and medical care
			Services established in accordance with and
			Meeting all the requirements of 42 CFR 431.12.
42 CFR			X The State enrolls recipients in MCO, PIHP, PAHP, and/or
438.104			PCCM programs. The State assures that it complies with 42 CFR
			438.104(c) to consult with the Medical Care Advisory Committee in the

TN # <u>03-008</u> Supersedes TN # <u>76-???</u>

WISCONSIN MEDICAID STATE PLAN

State Plan Definition of HMO

11

State/Territory:		Wisconsin	
Citation 42 CFR 435.914 1902(a)(34) of the Act	2.1(b) (1)	Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.	
1902(e)(8) and 1905(a) of the Act	(2)	For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after The end of the month which the individual is first Determined to be a qualified Medicare beneficiary.	

1902(a)(47) and

Revision: HCFA-PM- (MB)

X (3)

Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.

Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.

TN # <u>03-008</u> Supersedes TN # <u>93-009</u> Approval Date W

Revision:	HCFA	- PM-91- 1991	(BPD)	OMB No.: 0938-
	State:	Wisconsi	n	
Citation		3.1(a)(9)	Amount, Duration, and Scope Services (continued)	e of Services: EPSDT
42 CFR 44	1.60	/ <u>X</u> /		in effect agreements with continuing care are the methods employed to assure the heir agreements.**
42 CFR 44 and 440.25		(a)(10)	Comparability of Services	
1902(a) an (a)(10), 19 1903(v), 1 1925(b)(4) of the Act	d 1902 02(a)(52 915(g),		Act, 42 CFR 440.250, and se Immigration and Nationality (i) Services made availal amount, duration, and (ii) The amount, duration, categorically needy a available to the medica (iii) Services made availa	c), 1915, 1925, and 1932 of the ction 245A of the Act, permit exceptions: ble to the categorically needy are equal in scope for each categorically needy person. and scope of services made available to the are equal to or greater than those made
** Describ	oe here.	<i></i> /	coverage group. (iv) Additional coverage for conditions that may categorically and median the continuing care provide	or pregnancy-related service and services for complicate the pregnancy are equal for
			where a referable condition treatment encounters. EQRO	was identified, and the number of follow-up of and Medicaid staff conduct quality reviews d integrity of encounter data submitted.

TN # <u>03-008</u> Supersedes TN # <u>91-0025</u> Approval Date 09901/03 7 2003

Effective Date

New: HCFA-PM-99-3 JUNE 1999

State:	Wisconsin
Citation	4.10 Free Choice of Providers
42 CFR 431.51	(a) Except as provided in paragraph (b), the Medicaid agency
AT 78-90	assures that an individual eligible under the plan may obtain
46 FR 48524	Medicaid services from any institution, agency, pharmacy
48 FR 23212	person, or organization that is qualified to perform the services,
1902(a)(23)	including of the Act an organization that provides these services or
P.L. 100-93	arranges for their availability on a prepayment basis.
(section 8(f))	and a second sec
P.L. 100-203	
(Section 4113)	(b) Paragraph (a) does not apply to services furnished to an
(Comen viii)	individual –
	(1) Under an exception allowed under 42 CFR 431.54, subject to
	the limitations in paragraph (c), or
	the mintations in paragraph (c), or
	(2) Under a waiver approved under 42 CFR 431.55, subject to the
	limitations in paragraph (c), or
	(2) By an individual or antity avaluded from participation in
	(3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act,
	accordance with section 1702(p) of the Act,
Section 1902(a)(23)	(4) By individuals or entities who have been convicted of a felony
Of the Social	under Federal or State law and for which the State determines that
Security Act	the offense is inconsistent with the best interests of the individual
P.L. 105-33	eligible to obtain Medicaid services, or
Section 1932(a)(1)	(5) Under an exception allowed under 42 CFR 438.50 or
Section 1932(a)(1)	42 CFR 440.168, subject to the limitations in paragraph (c).
Section 1705(t)	
	(c) Enrollment of an individual eligible for medical assistance in a primary care

services under section 1905 (a)(4)(c).

TN # <u>03-008</u> Supersedes TN # <u>92-0027</u> Approval Date NOV 0.72 1000

case management system described in section 1905(t), 1915(a), 1915(b)(1), or 1932(a); or managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or

Revision: HCFA-PM-91-9

October 1991

(MB)

OMB No.:

State/Territory:	Wisconsin	
· –		
Citation		

Citation 1902 (a)(58) 1902(w)

4.13 (e) For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are

met:

- (1) Hospitals, nursing facilities,
 providers of home health care or
 personal care services, hospice
 programs, managed care organizations,
 prepaid inpatient health plans, prepaid ambulatory health plans
 (unless the PAHP excludes providers in 42 CFR 489.102), and
 health insuring organizations are required to do the
 following:
 - (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
 - (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
 - (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
 - (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
 - (e) Ensure compliance with requirements of State Law (whether

TN #03-008		l Bean		
Supersedes	Approval Date	7 7 7001	Effective Date	07/01/03
TN No. <u>91-0039</u>	3/13	! V		

	statutory or recog	gnized by the
State/Territory:	Wisconsin	
Revision: HCFA-PM-91-9 October 1991	(MB)	OMB No.:
	45(b)	

by the courts) concerning advance

(f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.

directives: and

- Providers will furnish the written (2) information described in paragraph (1)(a) to all adult individuals at the time specified below:
 - (a) Hospitals at the time an individual is admitted as an inpatient.
 - (b) Nursing facilities when the individual is admitted as a resident.
 - (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
 - (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
 - (e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.
- (3) Attachment 4.34A describes law of the State (whether statutory or as recognized by the courts of the State) concerning advance directives.

 Not applicable. No State law
or court decision exist regarding
advance directives.

TN# 03-008 Supersedes TN# 91-0039

Approval Date __

Effective Date____ 07/01/03

-			46	
Revision:	HCFA-PM-9 DECEMBER	,)	EQRO
	State/Territo	ry:	Wisconsin	
Citation 42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) 1902(d) of the Act, P.L. 99-50 (Section 9431)	(a)	utilization co safeguards a use of Medio plan and aga assesses the	control program of surveillance and potrol has been implemented that gainst unnecessary or inappropriate eaid services available under this inst excess payments, and that quality of services. The s of 42 CFR Part 456 are met:	
		<u>X</u>	Directly	
		_X	By undertaking medical and utilized requirements through a contract of Quality Control Peer Review Organized under 42 CFR Part 46 PRO—	with a Utilization and ganization (PRO)
			(1) Meets the requirements	of §434.6(a):
			(2) Includes a monitoring a ensure satisfactory perfe	_
			(3) Identifies the services a PRO review;	nd providers subject to
			(4) Ensures that PRO revie inconsistent with the PF services; and	
			(5) Includes a description of PRO determinations are for payment purposes.	

__X___

A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E each managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation.

TN # <u>03-008</u> Supersedes TN # <u>92-0027</u>

1932(c)(2)

and 1902(d) of the ACT, P.L. 99-509

(section 9431)

		\mathcal{A}_{-}	
Approval Date	MUN		